

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-03032-7**

FILING DATE

APPLICANT(S)

7/6/6 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9	1		1		1	
10		1		1		1
11		1		1		1
12		1		1		1
13		2		2		2
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50						
TOTAL IND.		7		4		
TOTAL DEP.		16		16		
TOTAL CLAIMS		23		20		

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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